

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-015693

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. _____

Registrar's No. 525

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Springfield

Length of stay in 1b
25 years

c. FULL NAME OF (If NOT in hospital, give location) Home
HOSPITAL OR INSTITUTION Sunshine Acres Rest

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Greene

c. CITY OR TOWN Springfield

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

W. Division St. Road

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First ABRAHAM

Middle ***

Last MAYO

4. DATE OF DEATH

Month Day Year
April 21, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11/1/1895

9. AGE (last birthday)

67

10. IF UNDER 1 YEAR

Months Days

11. IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Unknown

10b. KIND OF BUSINESS OR INDUSTRY

Unknown

11. BIRTHPLACE (City and state or country)

Unknown

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

Unk. Unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

Address Sunshine Acres Records, Spfld MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiovascular Disease

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1962 to 5:00

to Apr. 21, 1963 and last saw him alive on Apr. 17, 1963

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Ralph Thieme, 1200 Boonville A ve.

4-26-63

Effie E. Melton

Permit 4-23-63

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Harold L. Strauser

Licensed Embalmer No.

5164

P. O. Address

Appt. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

